UNITED STATES ARMED FORCES



CLAIMS SERVICE-KOREA

REPLY TO

DEPARTMENT OF THE ARMY UNITED STATES ARMED FORCES CLAIMS SERVICE, KOREA UNIT #15311 APO AP 96205-5311

FKJA-CSK (27-20a)

1 September 2004

MEMORANDUM FOR CLAIMANTS AGAINST THE UNITED STATES GOVERNMENT

SUBJECT: Procedures for Filing Personal Property Claims for Flood Damage

- 1. Welcome to the U.S. Armed Forces Claims Service Korea. Enclosed are instructions and forms explaining how to file a claim against the United States for flood damage.
- 2. It is unfortunate that you have experienced loss of or damage to your personal property incident to your Government service. Our goal is to investigate and settle your claim as fairly and quickly as possible. To ensure that we can pay you the full amount of money to which you are entitled under the law, it is important that you read and carefully follow the instructions, that you carefully complete all applicable claims forms, and that you submit all the required documentation to substantiate your claim.
- 3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service and welcome any suggestions for improvements. Please return this form at the time you file your claim or fold it in half and mail it postage-free through the MPS. If you have additional comments at a later time, extra survey forms are available at the Claims Office.
- 4. The Claims Office will be open Monday through Wednesday and Friday from 0800 1600 hours. Our office is open on Thursday mornings for turn-in of DD Forms 1840 and 1840R only and closed Thursday afternoons for training. We are closed every day from 1200 1300. Please contact our office to make an appointment to come in to file your claim. If you need assistance at any stage in the claims process, please do not hesitate to contact us at 738-8111/8219/8242/8294.

Encls as

TIMOTHY M. CON LTC. JA

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PERSONAL PROPERTY CLAIM FLOOD CLAIMS CHECKLIST

1. Please bring the original and clear copies of the indicated forms to aid us in processing your claim quickly and thoroughly. Your claim must include the following:
a. DD Form 1842 (enclosed)
b. DD Form 1844 (enclosed)
c. MP Blotter/MP Report/KNP Report – The report must state that the flood affected the item that is damaged. Include a statement from your Commander, 1SG, or Platoon Sergeant verifying the damage or loss was a result of the flood. Also include any evidence available, i.e., personal knowledge or inspection of the flooded area, photos of the flood if any were taken, etc.
d. Statement from Chain of Command and other evidence.
e. Repair Estimate- A list of repair shops is enclosed.
f. Replacement Cost- For destroyed items you can obtain replacement costs from catalogues or the internet. You will also need a repair estimate indicating the item can not be repaired or that repair is not feasible.
g. Purchase Receipts/Photos – In order to adjudicate your claim, we need copies of purchase receipts, appraisals, or some other form of substantiation to prove ownership and cost of high-value items.
h. Orders and/or Amendments
i. Insurance Policy
j. Power of Attorney (POA) – You must have a POA if you are filing for your sponsor, spouse, or someone else.
k. Electronic Fund Transfer Worksheet (enclosed)- If you are not Active Duty Army you will need to complete this form.
l. Vehicle Registration (USFK Form 207)
m. USFK Driving Permit (USFK Form 134EK)

- 2. We cannot pay for incidental expenses such as phone bills, gas, items rented while waiting for your claim to be paid or time spent on filing your claim.
- 3. If you desire copies of any forms or documents pertaining to your claim, you should make these copies prior to coming to the Claims Office. You must turn in all original documents to the Claims Office. If you need assistance, feel free to come by our office during normal office hours or call to speak to one of our representatives.
- 4. The Personnel Claims Act was not intended to substitute for private insurance or to benefit private insurers. Claimants whose insurance policies cover all or part of their loss must provide a copy of their insurance policy to the Claims Office. As a general rule, such claimants must file and settle with their insurers before settling a claim with the United States.

CLAIM FOR LOSS OF O	R DAMAGE TO PE	RSONAL P	ROPERTY INCIDENT	T TO SERVI	CE	
PART I - TO BE COMPLET	TED BY CLAIMANT	Soo book for l	Privacy Act Statement a	nd Instructions	. 1	
1. NAME OF CLAIMANT (Last, First, Middle Initial SNUFFY, Joseph B.	I) 2. BRANCH		3. RANK OR GRADE SGT	4. SOCIAL S		
5. HOME ADDRESS (Street, City, State and Zip Co USAFCS-K PSC 303, Box3 APO AP 96205		6. CURREN State and USAFC	 NT MILITARY DUTY ADD Zip Code)		able) (Street	, City,
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TE	LEPHONE NO	. (Include area code)	9. AMOUNT		
720-1234 10. CIRCUMSTANCES OF LOSS OR DAMAGE	Explain in detail. Include	738-1 date, place, and			\$500.00 ecessary.)	
***IN YOUR OWN WORDS DESCRIB	•					
			EDADT"***			
DO NOT WRITE STATEMENTS S	JCH AS "SEE POL	ICE/DPW R	EPORT *			
						YES NO
11. DID YOU HAVE PRIVATE INSURANCE CON had transit, renter's or homeowner's insura your policy.)	/ERING YOUR PROPER nce; say "Yes" on a vo	TY? (E.g., sa ehicle claim if	y "Yes" on a shipment o you had vehicle insurand	or quarters claii ce. Attach a c	n n you 🗀	X
12. HAVE YOU MADE A CLAIM AGAINST YOU have insurance covering your loss, you must					f you	×
13. HAS A CARRIER OR WAREHOUSE FIRM IN a copy of your correspondence with the ca			ANY OF YOUR PROPERT	Y ? (If "Yes,"	attach	×
14. DID ANY OF THE CLAIMED ITEMS BELONG FAMILY MEMBER? (If "Yes," indicate this						×
15. WERE ANY OF THE CLAIMED ITEMS ACCOUNTY OF BUSINESS? (If "Yes," indicate this on					ESSION	×
16. UNDER PENALTY OF LAW, I DECLARE THE If any missing items for which I am claimin were packed by the carrier; they were owned p checked all rooms in my dwelling to make sure I assign to the United States any right or int authorize my insurance company to release info I authorize the United States to withhold fr the extent I am paid on this claim, and for any untrue. I have not made any other claim agains information I provide as part of my claim is fals	g are recovered, I will rior to shipment but no nothing was left behin erest I have against a mation concerning moment may pay or account payment made on this at the United States for	notify the officent delivered at d. carrier, insurer or insurance constitution for any paymodalm in reliantribe incident.	ce paying this claim. (For destination; after my pr r, or other person for the overage. nents made to me by a concern of the concerns of the concerns.)	operty was pa incident for w carrier, insurer, is determined	cked, I/my vhich I am or other p to be inco	agent claiming; I person to prect or
17. SIGNATURE OF CLAIMANT (or designated ag					18. DATE	SIGNED
You or your agent, authorized with a po		st sign.			(YYYYM Date of	имоо) signature
מאס ע	CLAIMS ADDONAL	/To be see-	lated by Claims Office!			
19. PROCEDURE (X one) a. SMALL CLAIMS b. REGULAR CLAIMS b. REGULAR CLAIMS 20. AMOUNT AWAR the claimant is a been verified in a departmental reg	PDED. The claim is cog proper claimant; the paccordance with applic ulation; and the follow	nizable and m roperty is reas able procedure ing award is s	eritorious under 31 U.S. sonable and useful; the less as prescribed by the coubstantiated:	oss has	\$	
21. SIGNATURES (Signatures at a and c not require						
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING	AUTHORITY		d. DATE SIG	
e. TYPED NAME AND GRADE OF APPROVING AUTH	ORITY	f. SIGNATURE	OF APPROVING AUTHORIT	γ	g. DATE SIC (YYYYM)	

CLAI	M FOR LOSS OF OR DAN	//AGE TO P	ERSONAL PI	ROPERTY INCID	ENT TO SER	/ICE		
PAR	I - TO BE COMPLETED BY	CLAIMANT	(See back for F	Privacy Act Stateme	ent and Instructio	ns.)	-	
	T (Last, First, Middle Initial)			3. RANK OR GRA			Y NUM	IBER
5. HOME ADDRESS (St	reet, City, State and Zip Code)		6. CURREN	T MILITARY DUTY Zip Code)	ADDRESS (If appl	licable) (Stre	et, City	···
7. HOME TELEPHONE	NO. (Include area code)	8. DUTY T	ELEPHONE NO.	(Include area code)	9. AMOUN	T CLAIME	D	
10 CIPCLIMSTANCES C	F LOSS OR DAMAGE (Explain in	n detail Include	data alaas and	all relevant facts. Us	a additional sheets	if nanaecany	1	
						···		
11. DID YOU HAVE PRIN had transit, renter's your policy.)	ATE INSURANCE COVERING Nor homeowner's insurance; say	YOUR PROPER "Yes" on a ve	TY? (E.g., say chicle claim if y	"Yes" on a shipme ou had vehicle insu	nt or quarters cla rance. Attach a c	im if you copy of	YES	NO
	CLAIM AGAINST YOUR PRIVA					If you		
	WAREHOUSE FIRM INVOLVED spondence with the carrier or w			Y OF YOUR PROP	ERTY? (If "Yes,"	attach		
	AIMED ITEMS BELONG TO TH (If "Yes," indicate this on your					R		
	CLAIMED ITEMS ACQUIRED O Yes," indicate this on your "Lis			+		ESSION		
If any missing items were packed by the carri checked all rooms in my I assign to the United authorize my insurance of I authorize the United the extent I am paid on tuntrue. I have not made	for which I am claiming are receiver; they were owned prior to studelling to make sure nothing. States any right or interest I hompany to release information distates to withhold from my phis claim, and for any payment any other claim against the Unpart of my claim is false, I can bear to which we have to my claim is false, I can bear to which we have to make the control of the claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of my claim is false, I can be serviced in the control of the	covered, I will re hipment but no was left behind ave against a concerning my lay or accounts made on this lited States for	notify the office t delivered at o d. carrier, insurer, r insurance cov s for any payme claim in reliance the incident fo	paying this claim. estination; after my or other person for erage. ents made to me by a on information where	y property was pa the incident for v a carrier, insurer nich is determined	which I am r, or other p I to be inco	agent claimii person prrect c	ng; l to
17. SIGNATURE OF CLA	IMANT (or designated agent)					18. DATE	SIGN	ED
						(YYY)	'MMDD))
10 PROOFFILIPE OF	PART II - CLAIMS					1		
19. PROCEDURE (X one) a. SMALL CLAIMS b. REGULAR CLAIMS	 AMOUNT AWARDED. The claimant is a proper of been verified in accordant departmental regulation; 	laimant; the pi	roperty is reaso able procedures	nable and useful; the as prescribed by the	he loss has	\$		
21. SIGNATURES (Signation	ures at a and c not required if small	l claims procedur	e is utilized)					
a. CLAIMS EXAMINER		SIGNED YMMDD)	c. REVIEWING	AUTHORITY		d. DATE S		
e. TYPED NAME AND GRA	DE OF APPROVING AUTHORITY		f. SIGNATURE (OF APPROVING AUTH	ORITY	g. DATE S		

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

- 1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.
- 2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
- 3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
- 4. You may obtain further information from a Claims Office.

- 5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

PART III - DENIAL (OR SUPPLEMENTAL F	PAYMENT (To be completed by Claims Office)	
23. DENIAL (X if applicable) The claim is not cognizable or merito 3721 and the applicable provisions of departmental regulation, and is denied.		The claim is cognizable and meritoriou under 31 U.S.C. 3721, and the following additional award is substantiated:	s
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (Se	ttlement Authority is requir	red for denial.)	
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

1. NAME Flood	1. NAME OF CLAIMANT (Last, First, Middle Initial) Flood, Rain Hard	3.	PICK-UP DATE (YYYYMMDD)	LIST	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)	AND CL/	AIMS AI	NALYSIS CI	HART		
2. CLAIM	CLAIMANT'S INSURANCE COMPANY (If applicable)	4. 1	4. DELIVERY DATE	14. ORIGIN CONTRACTOR		TOR 21	21. CLAIM NUMBER	UMBER	1	22. NET WT/MAX CAR	CAR
a. NAME USAA	b. POLICY NO. 1452331	. 15	(QQ)								
5. 6.	LOST OR DAMAGED ITEMS	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair (or)	15. INVENTORY DATE	18. EXCEPTION SHEET DATE (YYYYMMOD)	EET 23.	3. GBL NUMBER	MBER	24. LO	24. LOT NUMBER	
NO.	iDescribe the item fully, including brand name, IN model and size. List the nature and extent of N damage. If missing, state "MISSING.")	NO. MM/YYYY PURCHASED	Cost b. Replace-	16. EXCEPTIONS	19. 20. EXCEPTIONS NO.		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1 1	1990 Hyundai Sonata	600.00	13								
	Filled with water, had to be dried out		200.00								
12. REMARKS	AARKS	13. TOTAL	200.00		1,,	30. TOTAL SAMOUNT ALLOWED	\$	31.	31. THIRD PARTY LIABILITY	တ	v.
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a. NAME	IE b. POLICY NO	NO.	E 	(COMMOD)								
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NO.	model and size. List the nature and extent of damage. If missing, state "MISSING.")	N ON	10. MM/YYYY PURCHASED	Replace- ment	16. EXCEPTIONS	6. § 0.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS		27. 28. ITEM HOUSE WT LIABILITY	29. CARRIER
	Sony 20" Color TV Model # S-100032 Completely filled with water, not repairable	7	50.00	200.000						 		
2	Panasonic VCR Modei # P-10098766, from 1 portion of casing dented, fell off dresser by water current		120.00									
3	2 Summer BDU Set		105.00									
4	1 Estimate Fee		14.00	14.00								
	All above items verified by: S. L. Mack, SFC, Platoon Sergeant											
12. RE	12. REMARKS		13. TOTAL	\$ 418.00			30. TOTAL AMOUNT ALLOWED	v	E	31. THIRD PARTY LIABILITY	\$ }	ω.
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a. NAME		0	. 5	<u> </u>	(OGWIN)								
5. 6. 7. LOST	7. LOST OR DAMAGED ITEMS	1432331	_	9. ORIGINAL	1. AMOUNT	15. INVENTORY DATE	18. EXCEPTION SHEET		23. GBL NUMBER	IMBER	24.	24. LOT NUMBER	æ
<u> </u>	ribe the item fully, including br		o <u>≥</u>	OST	C. Rep	(YYYYMMDD)	DAIE (YYYY)						
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1 1990 I	1990 Hyundai Sonata		000	00 05/03									
Tree f	Tree fell on top of car				500.00								
12. REMARKS			13	13. TOTAL	\$		Table	30. TOTAL AMOUNT ALLOWED	w		31. THIRD PARTY LIABILITY	σ	v
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ELECTRONIC FUND TRANSFER WORKSHEET

PAYEE INFORMATION

NAME (Last, First, Middle Initial):
Mailing Address:
Social Security Number:
Telephone Number (DSN or COMM):
FINANCIAL INSTITUTION INFORMATION
NAME:
Address:
9-digit Routing Number:
Depositor Account Number:
Type of Account:
Claimant Signature:

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**NOTE: This is the only means available to receive your claims settlement, unless your situation provides for an emergency payment, which will be determined by the NCOIC, Personnel Property Claims or the Claims Judge Advocate.

PARTIAL LISTING OF REPAIR SHOPS

The Claims Service has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Claims Service. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed, please let our office know.

AUTOMOTIVE REPAIR

AUTO Craft Shop TEL: DSN 738-5315/5042

Dunlop Body/Repair TEL: 794-4345

Youngjin Auto Glass (Windshield/Glass only) TEL: 793-1990/795-6144

BICYCLE REPAIR

Do All Interior Co. TEL: 797-3213/798-1237

CARPET/SOFA/ CURTAINS/UPHOLSTERY

Do All Interior Co. TEL: 797-3213/798-1237

COMPUTERS/TYPEWRITERS/OFFICE MACHINE

Chin Han C & C (Yongsan Gallery)

TEL: DSN 723-4030

Jonny Computer TEL: 790-8839

Do All Interior Co. TEL: 797-3213/798-1237

FUR/LEATHER/SUEDE

Mimi Dry-cleaning TEL: 793-1879/790-9843

FURNITURE REPAIR

KOREANA FOLKCRAFT CO. (Mr. Symon Jeonn) TEL. 790-6641 CELL. 011-722-6642

Do All Interior Co. TEL: 797-3213/798-1237

GRANDFATHER CLOCKS

Do All Interior Co. TEL: 797-3213/798-1237

MUSICAL INSTRUMENTS

Do All Interior Co. TEL: 797-3213/798-1237

REFRIGERATOR/AIR CONDITIONER

AAFES Concession Repair TEL: DSN 723-4117

Do All Interior Co. TEL: 797-3213/798-1237

TV/RADIO/STEREO/CAMCORDER REPAIR

AAFES Electronic Repair Shop TEL: DSN 738-5274

Do All Interior Co. TEL: 797-3213/798-1237

CLAIMS SURVEY

Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Claims Office or fold it in half and mail it postage free through the Military Postal System.

1. What was the name of the person who a	ssisted you during y	our visit to our office?
2. Is there anything you would like this per	rson to have done di	fferently?
3. How would you rate the service you we	re provided during y	our visit (Check One)
ExcellentGoodF	airPoor	
4. Did the instructions in the claims packe	t adequately explain	how to prepare your claim forms?
YesNo If not, what was it	that was unclear to	you? How could it be improved?
5. Were you given a satisfactory explanati compute your claim settlement?	on concerning the n	nethods the Claims Office used to
YesNo If not, what other inf	ormation should we	have provided?
OPTIONAL:		
Your Name	Work Number	Date